

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-020145

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4820

STATE FILE NUMBER

FILED MAY 23 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in lb
5 days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY **Cook**c. CITY OR TOWN **Chicago,**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospitals, Inc.,**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7933 So. Loomis Blvd.,Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
EdnaMiddle
NellieLast
Baldwin

4. DATE OF DEATH

Month
MayDay
10,Year
19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Aug. 7, 18919. AGE (last birthday)
80 yrs.IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Supervisor (Penit.)10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Illinois12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Major Baldwin

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

None15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. McKey, Chicago, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of ColonINTERVAL BETWEEN ONSET AND DEATH
SEV. MO.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 5, 1962** to **May 10, 1962** and last saw her **live on May 10, 1962**Death occurred at **4:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED

5-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-11-62

23c. NAME OF CEMETERY OR CREMATORY

Fairmount Cemetery

23d. LOCATION (City, town, or county)

Willow Springs, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

F. Herbert Ketchum Funeral Home - Chicago, Illinois**2036 W. 79th Street**

25. DATE REC'D. BY LOCAL REG.

MAY 11 1962

26. REGISTRAR'S SIGNATURE

Edna Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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8726, 70

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Harvey Kahle

Licensed Embalmer No. _____

4596

P. O. Address _____

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.